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NEWS 17	JUL 28	CA/CAplus patent coverage enhanced
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NEWS 24	AUG 15	CAplus currency for Korean patents enhanced
NEWS 25	AUG 25	CA/CAplus, CASREACT, and IFI and USPAT databases enhanced for more flexible patent number searching
NEWS 26	AUG 27	CAS definition of basic patents expanded to ensure comprehensive access to substance and sequence information
NEWS 27	SEP 18	Support for STN Express, Versions 6.01 and earlier, to be discontinued
NEWS 28	SEP 25	CA/CAplus current-awareness alert options enhanced to accommodate supplemental CAS indexing of exemplified prophetic substances

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 NEWS 29  SEP 26  WPIDS, WPINDEX, and WPIX coverage of Chinese and
                  and Korean patents enhanced
 NEWS 30  SEP 29  IFICLS enhanced with new super search field
 NEWS 31  SEP 29  EMBASE and EMBAL enhanced with new search and
                  display fields
 NEWS 32  SEP 30  CAS patent coverage enhanced to include exemplified
                  prophetic substances identified in new Japanese-
                  language patents

 NEWS EXPRESS JUNE 27 08 CURRENT WINDOWS VERSION IS V8.3,
              AND CURRENT DISCOVER FILE IS DATED 23 JUNE 2008.

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                MP121 OR DORSALIN OR UNIVIN OR NODAL OR SCREW OR ADMP OR NURAL)

=> s l1 and (ACE(w)inhibitor or enalapril)
L2          18 L1 AND (ACE(W) INHIBITOR OR ENALAPRIL)

=> s l2 and proteinuria
L3           0 L2 AND PROTEINURIA

=> s (ACE(w)inhibitor or enalapril) and enalapril
L4       35308 (ACE(W) INHIBITOR OR ENALAPRIL) AND ENALAPRIL

=> s (ACE(w)inhibitor or enalapril) and proteinuria
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L5        4572 (ACE(W) INHIBITOR OR ENALAPRIL) AND PROTEINURIA

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L7         1569 DUP REM L6 (1015 DUPLICATES REMOVED)

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L8        1376 L7 AND (TREAT? OR THERAP?)

=> dis ibib abs l8 1370-1376

L8   ANSWER 1370 OF 1376  CAPLUS  COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER:         1995:940901  CAPLUS
DOCUMENT NUMBER:          124:20821
ORIGINAL REFERENCE NO.:   124:3779a,3782a
TITLE:                    Are antihypertensive drugs similar in protecting the
                          kidney?
AUTHOR(S):                Ritz, Eberhard
CORPORATE SOURCE:         Nephrology Section, University Heidelberg Clinic,
                          Heidelberg, 69000, Germany
SOURCE:                   American Journal of Hypertension (1995),
                          8(10, Pt. 2), 53S-8S
                          CODEN: AJHYE6; ISSN: 0895-7061
PUBLISHER:                Elsevier
DOCUMENT TYPE:            Journal; General Review
LANGUAGE:                 English
AB   A review with 45 refs.  Elevated systemic blood pressure is associated with
     more rapid progression of renal failure, as recently documented by
     prospective observations.  Intervention studies with antihypertensive
     medication have clearly documented that progression can be attenuated by
     antihypertensive medication.  Exptl. studies and, more recently,
     controlled prospective trials in humans, have provided evidence that in
     this respect angiotensin converting enzyme (ACE)
     inhibitors are superior to equipotent doses of alternative
     antihypertensive agents, suggesting a specific nephroprotective action.
     Exptl. studies suggest that this is not only due to hemodynamic, but also
     to nonhemodynamic, mechanisms.  The effect of calcium channel blockers on
     this progression is less uniform and may depend on the model used, the
     percentage of blood pressure lowering, and possibly also the type of
     calcium channel blocker.  Despite some discrepancies in exptl. studies,
     recent controlled clin. trials show a similar slowing of progression with
     either ACE inhibitors or calcium channel blockers.
     Since combination therapy is required in most patients with
     advanced renal failure, recent exptl. studies on development and
     glomerular sclerosis and clin. studies showing at least additive effects
     on reduction of proteinuria independent of blood pressure argue for
     combining ACE inhibitors and calcium antagonists.

L8   ANSWER 1371 OF 1376  CAPLUS  COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER:         1995:832758  CAPLUS
DOCUMENT NUMBER:          123:246471
ORIGINAL REFERENCE NO.:   123:43755a,43758a
TITLE:                    Losartan in patients with renal insufficiency
AUTHOR(S):                de Zeeuw, Dick; Gansevoort, Ronald T.; de Jong, Paul
                          E.
CORPORATE SOURCE:         Dep. Med., State Univ. Hosp., Groningen, Neth.
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SOURCE: Canadian Journal of Cardiology (1995), 11(Suppl. F), 41F-4F
CODEN: CJCAEX; ISSN: 0828-282X
PUBLISHER: Pulsus Group
DOCUMENT TYPE: Journal
LANGUAGE: English

AB A choice of many antihypertensive strategies is now offered for the treatment of the hypertensive patient with renal insufficiency. Angiotensin-converting enzyme (ACE) inhibitors appear to be the drugs of choice since they not only lower blood pressure but also reduce some important risk factors that may cause progressive loss of renal function, such as intraglomerular hypertension, angiotensin II (Ang II)-induced glomerular growth, proteinuria and hyperlipidemia. Indeed, several clin. studies now show that ACE inhibitors offer renal protection beyond the lowering of systemic blood pressure. The new class of Ang II receptor antagonists and its first representative losartan has not yet been tested clin. for its renal protective efficacy. The first signs, however, look promising, since losartan appears to induce changes in several identified risk factors to the same extent as ACE inhibitors, such as renal vasodilation, and a fall in proteinuria and serum lipids. The challenge will be to discover the differences between ACE inhibitors and Ang II receptor antagonists and to use them to the future advantage of the renal patient.

L8 ANSWER 1372 OF 1376 CAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 1994:548636 CAPLUS
DOCUMENT NUMBER: 121:148636
ORIGINAL REFERENCE NO.: 121:26613a,26616a
TITLE: Trandolapril's protective effects in stroke-prone spontaneously hypertensive rats persist long after treatment withdrawal
AUTHOR(S): Richer, Christine; Fornes, Paul; Vacher, Elisabeth; Bruneval, Patrick; Giudicelli, Jean Francois
CORPORATE SOURCE: Dep. Pharmacol., Fac. Med. Paris-Sud, Le Kremlin-Bicetre, 94276, Fr.
SOURCE: American Journal of Cardiology (1994), 73(10), 26C-35C
CODEN: AJCDAG; ISSN: 0002-9149
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The effects of long-term oral administration of the angiotensin-converting enzyme (ACE) inhibitor trandolapril at nonantihypertensive and antihypertensive doses (0.01 mg/kg [T0.01] and 1 mg/kg [T1], resp.) on the occurrence of stroke and on mortality were investigated in young salt-loaded stroke-prone spontaneously hypertensive rats during the treatment period (5-20 wk of age) for ≤8 wk thereafter. During the treatment period T1, but not T0.01, limited the increase in blood pressure. However, both doses of trandolapril prevented stroke and mortality and strongly opposed (T0.01) or abolished (T1) the increases in saline intake, diuresis, and proteinuria observed in control animals. Simultaneously, trandolapril markedly prevented (T0.01) or abolished (T1) vascular fibrinoid necrosis formation in the brain, kidneys, and heart. Finally, trandolapril dose-dependently reduced arterial thickening and glomerular and tubulointerstitial lesions in the kidneys, as well as arterial thickening, infarction, and fibrosis in the myocardium. At 8 wk after treatment withdrawal, the antihypertensive effect of T1 had disappeared, but stroke-related mortality and fibrinoid necrosis remained completely suppressed. Further, no addnl. cerebral, renal, or cardiac lesions developed, and no increase in proteinuria occurred. In the T0.01 group, 17% of the animals died, fibrinoid necrosis tended to

develop, organ lesions worsened, and proteinuria strongly increased. It is concluded that early ACE inhibition with trandolapril affords a long-lasting protection vs. stroke and mortality both during and after the treatment period, and that this beneficial effect is due to the suppression of fibrinoid necrosis formation and not to the drug's antihypertensive action. In contrast, both properties appear to contribute to trandolapril's renal and cardiac protective effects.

L8 ANSWER 1373 OF 1376 CAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 1992:543453 CAPLUS
DOCUMENT NUMBER: 117:143453
ORIGINAL REFERENCE NO.: 117:24665a,24668a
TITLE: Use of a combination of an ACE (angiotensin-converting enzyme) inhibitor with a calcium antagonist in the treatment of proteinuria
INVENTOR(S): Becker, Reinhard; Henning, Rainer; Teetz, Volker; Urbach, Hansjoerg
PATENT ASSIGNEE(S): Hoechst A.-G., Germany
SOURCE: Eur. Pat. Appl., 22 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: German
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 488059	A2	19920603	EP 1991-119892	19911121 <--
EP 488059	A3	19921125		
EP 488059	B1	19950906		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE				
EP 649654	A1	19950426	EP 1994-117179	19911121 <--
EP 649654	B1	19990210		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE				
ES 2079545	T3	19960116	ES 1991-119892	19911121 <--
AT 176592	T	19990215	AT 1994-117179	19911121 <--
ES 2129563	T3	19990616	ES 1994-117179	19911121 <--
AU 9188117	A	19920528	AU 1991-88117	19911126 <--
AU 655784	B2	19950112		
CA 2055948	A1	19920528	CA 1991-2055948	19911126 <--
CA 2055948	C	20021112		
NO 9104637	A	19920529	NO 1991-4637	19911126 <--
NO 311070	B1	20011008		
ZA 9109318	A	19920826	ZA 1991-9318	19911126 <--
JP 04308533	A	19921030	JP 1991-310608	19911126 <--
HU 62468	A2	19930528	HU 1991-3674	19911126 <--
HU 219447	B	20010428		
CN 1072601	A	19930602	CN 1991-111099	19911126 <--
CN 1060679	C	20010117		
US 5236933	A	19930817	US 1991-798501	19911126 <--
SK 279626	B6	19990111	SK 1991-3587	19911126 <--
CZ 286168	B6	20000216	CZ 1991-3587	19911126 <--
KR 225997	B1	19991015	KR 1991-21370	19911127 <--
US 5366994	A	19941122	US 1993-57516	19930506 <--
CZ 286187	B6	20000216	CZ 1997-2830	19970908 <--
HK 1011927	A1	20000728	HK 1998-113023	19981209 <--

PRIORITY APPLN. INFO.:
DE 1990-4037691 A 19901127
EP 1991-119892 A3 19911121
CS 1991-3587 A 19911126
US 1991-798501 A3 19911126

OTHER SOURCE(S): MARPAT 117:143453
AB An ACE inhibitor R3O2CCHR4NR5C(:O)CHR1NHCH(CO2R2)(CH2)

nR [n = 1, 2; R = H, (substituted) aliphatic, alicyclic, aromatic, hydrocarbyl- or heterocyclyloxy or -thio; R1 = H, (substituted) hydrocarbyl or heteroarom.; R2, R3 = H, (substituted) aliphatic, alicyclic, aromatic, araliph.;
R4 and R5 complete a heterocyclic mono-, bi-, or tricyclic ring system with 3-15 C atoms], combined with a Ca antagonist, is used for prevention and therapy of proteinuria secondary to diabetes mellitus, glomerulosclerosis, and loss of kidney mass. Thus, rats with 1 kidney removed and the other infarcted through ligation were administered ramipril (ACE inhibitor; 1.4 mg/kg) and felodipine (Ca antagonist; 41 mg/kg) in the feed. An increase in proteinuria from <20 to 105 mg/24 h was observed in controls, compared to only 31 mg/24 h in treated rats. Tablets were prepared containing trandolapril (ACE inhibitor) 3, verapamil (Ca antagonist) 50, corn starch 130, gelatin 8.0, microcryst. cellulose 2.0, and Mg stearate 2.0 g/1000.

L8 ANSWER 1374 OF 1376 CAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 1992:440443 CAPLUS
DOCUMENT NUMBER: 117:40443
ORIGINAL REFERENCE NO.: 117:6987a,6990a
TITLE: Combination of an angiotensin-converting enzyme (ACE) inhibitor and a thromboxane A2 inhibitor for treating nephropathies
INVENTOR(S): Salvati, Patricia; Micheletti, Teresa; Cozzi, Paolo
PATENT ASSIGNEE(S): Farmitalia Carlo Erba Srl, Italy
SOURCE: PCT Int. Appl., 21 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9206713	A1	19920430	WO 1991-EP1972	19911016 <--
W: AU, CA, HU, JP, KR, SU, US				
RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, NL, SE				
ZA 9108038	A	19920624	ZA 1991-8038	19911008 <--
AU 9187251	A	19920520	AU 1991-87251	19911016 <--
EP 556204	A1	19930825	EP 1991-918149	19911016 <--
R: DE, FR, GB, IT				
JP 06501943	T	19940303	JP 1991-516412	19911016 <--
PRIORITY APPLN. INFO.:			IT 1990-21757 A	19901016
			WO 1991-EP1972 A	19911016

OTHER SOURCE(S): MARPAT 117:40443
AB Nephropathies and hyperlipidemia secondary to nephrotic syndrome are treated by a simultaneous, sep., or sequential administration of an ACE inhibitor and thromboxane A2 inhibitor. A synergistic effect of (+)-[(2S,6R)-6[(S)-1-ethoxycarbonyl-3-phenylpropyl]amino-5-oxo-2-(2-thienyl)perhydro-1-thiazepin-4-yl]acetic acid (I) (as ACE inhibitor) and 5,6-dihydro-7-(1H-imidazolyl)-2-naphthalenecarboxylic acid (II) (as thromboxane A2 inhibitor) in lowering proteinuria was demonstrated with rats. A film-coated tablet containing 2.0 mg I and a capsule containing 100 mg II were formulated.

L8 ANSWER 1375 OF 1376 CAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 1987:509020 CAPLUS
DOCUMENT NUMBER: 107:109020
ORIGINAL REFERENCE NO.: 107:17547a,17550a

TITLE: Progression of renal disease: effects of different classes of antihypertensive therapy
AUTHOR(S): Jackson, Bruce; Debrevi, Linda; Whitty, Michael; Johnston, Colin I.
CORPORATE SOURCE: Dep. Med., Austin Hosp., Heidelberg, 3084, Australia
SOURCE: Journal of Hypertension (1986), 4(Suppl. 5), S269-S271
CODEN: JOHYD3; ISSN: 0263-6352
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Uninephrectomized rats made diabetic by streptozotocin developed elevated blood pressure, increased renal blood flow, glomerular filtration rate (GFR) and progressive proteinuria. Treatment with the angiotensin converting enzyme (ACE) inhibitor enalapril lowered the systolic blood pressure and the elevated GFR and filtration fraction towards normal, as well as preventing the progression of proteinuria. In contrast, treatment with the Ca antagonist verapamil, although producing equivalent falls in the systolic blood pressure, did not alter intrarenal hemodynamics, nor did it influence the progressive increase in proteinuria in the diabetic rat. These results suggest that ACE inhibitors may have a specific favorable effect on the progression of renal disease in diabetic nephropathy beyond their control of systemic blood pressure.

L8 ANSWER 1376 OF 1376 CAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 1986:142267 CAPLUS
DOCUMENT NUMBER: 104:142267
ORIGINAL REFERENCE NO.: 104:22331a,22334a
TITLE: Angiotensin-converting enzyme inhibitors useful in the treatment of renal diseases
INVENTOR(S): Smith, Ronald D.
PATENT ASSIGNEE(S): Merck and Co., Inc. , USA
SOURCE: Eur. Pat. Appl., 14 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 160307	A2	19851106	EP 1985-105336	19850502 <--
EP 160307	A3	19890322		
R: BE, CH, DE, FR, IT, LI, LU, NL, SE				
AU 8541781	A	19851107	AU 1985-41781	19850429 <--
AU 569789	B2	19880218		
DK 8501979	A	19851104	DK 1985-1979	19850502 <--
DK 175190	B1	20040705		
JP 61017520	A	19860125	JP 1985-93942	19850502 <--
JP 07005482	B	19950125		
US 5238924	A	19930824	US 1991-721790	19911113 <--
PRIORITY APPLN. INFO.:			US 1984-606725	A 19840503
			US 1985-723989	A2 19850416
			US 1986-855977	B1 19860425
			US 1988-170220	B1 19880304
			US 1989-350988	B1 19890512

AB Angiotensin-converting enzyme (ACE) inhibitors comprising carboxyalkyl dipeptide compds. such as enalapril, enalapril diacid, lisinapril, are used to alter the progression of renal diseases by affecting intraglomerular hemodynamics and proteinuria. Thus, male rats with 85% of the kidney mass surgically removed were treated with enalapril. The

results obtained after 4 wk showed controlled systemic blood pressure and mean arterial pressure, and nearly normalized glomerular capillary pressure in treated animals. After 8–9 wk the treated rats exhibited continued blood pressure control with less proteinuria, and fewer glomerular lesions.

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